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| Case Number: | CM15-0013429 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 09/10/2010 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 01/22/2015 |
| Priority: | Standard | Application Received: | 01/23/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a 34 year old female, who sustained an industrial injury, September 10, 2010. The injured worker was diagnosed with anxiety disorder, depressive disorder, displacement of lumbar intervertebral disc, degeneration of the lumbar intervertebral disc, and chronic pain. The injured worker previously received the following treatments psychological services, hydrocodone, Naproxen, Tramadol and diagnostic testing. According to progress note of November 4, 2014, the injured workers chief complaint was depression, anxiety and low back pain radiating pain down the left lower extremity. The injured worker also complained of bilateral lower leg numbness. The injured worker was also complaining of burning sensation in both wrists. The injured worker ambulates without an assistive device. Current medications allow the injured worker to continued activities of daily living. On January 15, 2014, the primary treating physician requested X-rays of the lumbar spine with extension and flexion and an x-ray bilateral sacroiliac joint. On January 22, 2015, the utilization review denied authorization for X- rays of the lumbar spine with extension and flexion and an x-ray bilateral sacroiliac joint. The utilization Reviewer referenced MTUS and ODG guidelines for the decision.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

X-ray of lumbar spine, extension flexion, oblique: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: No, the proposed x-ray of the lumbar spine to include extension, flexion, and oblique views is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the routine usage of imaging studies, including the routine usage of oblique views of the lumbar spine, is not recommended in absence of red flag signs and symptoms. Here, neither the December 15, 2014 progress note nor the January 15, 2015 RFA form on which the article in question was sought was incorporated into the Independent Medical Review packet. It was not clearly stated what was sought. It was not clearly stated what was suspected. No clear rationale for the study in question was furnished. Therefore, the request was not medically necessary.

X-ray, bilateral sacroiliac joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Similarly, the request for x-rays of the sacroiliac joint was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the routine usage of radiographs of the lumbar spine and, by analogy, of the sacroiliac joints, is deemed not recommended in absence of red flag signs and symptoms. Here, neither the December 15, 2014 progress note nor the January 15, 2015 RFA form on which the article in question was sought were incorporated into the Independent Medical Review packet. It was not clearly stated what the attending provider hoped to accomplish via the study in question. Earlier lumbar MRI imaging had apparently established a definitive diagnosis, particularly when earlier lumbar MRI imaging had already established a definitive diagnosis of lumbar radiculopathy. Therefore, the request was not medically necessary.